



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION  
**SECOND INJURY FUND SURCHARGE  
FOURTH QUARTER**

**4th Quarter 2003**  
October 1, 2003 - December 31, 2003  
**(Delinquent and Penalty due  
if received after  
January 30, 2004)**

**Commercial Insurance Carriers**  
**(Please submit a separate form for each company.)**

**Company Name and Address:**

NAIC # _____ FEIN # _____
---------------------------

If there has been a name or ownership change in the past 24 months please indicate previous name(s) or owner(s):

Date this form will be sent: \_\_\_\_\_

**Parent Company or Group Name and Address:**

NAIC # _____ FEIN # _____
---------------------------

NAIC # _____ FEIN # _____
---------------------------

**THE DATE ABOVE MUST BE ENTERED IN ORDER FOR AMOUNTS TO CALCULATE CORRECTLY.**

1. New or renewed gross premiums for policies with 2003 inception dates	\$ _____
Returned or refunded premiums for policies with 2003 inception dates	- \$ _____
Net Premium	= \$ _____
a. Multiply by 2003 Surcharge Assessment (4.0%)	= _____
New, renewal or additional gross premiums for policies with 2002 inception dates	\$ _____
Returned or refunded premiums for policies with 2002 inception dates	- \$ _____
Net Premium	= \$ _____
b. Multiply by 2002 Surcharge Assessment (2.5%)	= _____
Additional gross premiums collected for policies with 2001 and prior inception dates	\$ _____
Returned or refunded premiums for policies with 2001 and prior inception dates	- \$ _____
Net Premium	= \$ _____
c. Multiply by 2001 Surcharge Assessment (2.5%)	= _____
2. Total lines 1a, b, & c = <b>Total Missouri Second Injury Fund Surcharge Due:</b>	_____
<b>3. If received by the Division after January 30, 2004, the payment is delinquent. Continue completing this form.</b>	
a. Enter amount shown in Item 2 (Total lines a, b, & c)	\$ _____
b. Late penalty, which is the <b>Surcharge Assessment Subtotal</b> x 0.5%	+ \$ _____
c. Interest, which is the <b>Surcharge Assessment Subtotal</b> x 1.5% x _____ (number of months or any fraction of a month delinquent)	+ \$ _____
4. Add lines 3a, b, & c = <b>Total Missouri Second Injury Fund Surcharge w/ Penalty &amp; Interest Due:</b>	_____

<b>Name of person completing form</b>	<b>E-mail Address</b>	<b>Phone Number</b>	<b>Date</b>
I hereby certify that this application contains no willful misrepresentation or falsifications and that the information provided is true and complete to the best of my knowledge and belief.			
<b>Signature - Pres./Exec. Officer</b>	<b>Printed Name</b>	<b>Title</b>	<b>Date</b>

Mail one copy of this form and a check made payable to:  
Missouri Division of Workers' Compensation, Attn: Second Injury Fund, P.O. Box 58, Jefferson City, MO 65102-0058  
**(Mail this copy even if no money is due at this time.)**

Keep one copy for records.

WC-115C (01-03) AI